EXHIBIT 4

S

State of California **Secretary of State**

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

	•	ling and Disclosure): \$25.00.			
		amendment, see instructions.			
		RUCTIONS BEFORE COMPLETING T	HIS FORM		
1. C C	ORPORATE NAME				
2. CA l	LIFORNIA CORPORATE NUM	BER		This Coass for Filin	a Haa Only
			This Space for Filing Use Only		
No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)					
3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.					
		ge in any of the information contained in the l			ornia Secretary
	of State, check the box and		dot Otatomont of I	mornidadir mod with the came	ornia Goordiary
Comp	Note Addresses for the Ea	Howing /Do not obbroviote the name of the o	ity Itama 1 and Eas	annet he D.O. Beyen	
	REET ADDRESS OF PRINCIPAL E	llowing (Do not abbreviate the name of the c	CITY	annot be P.O. Boxes.) STATE	ZIP CODE
4. 31	REET ADDRESS OF PRINCIPAL E	AECOTIVE OFFICE	CITT	SIAIE	ZIF CODE
5. ST	REET ADDRESS OF PRINCIPAL R	BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
o. o.			3	0.7.1.2	0022
6. MA	AILING ADDRESS OF CORPORATI	ON, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE
Name	s and Complete Addresse	es of the Following Officers (The corpor	ation must list these	three officers. A comparable	e title for the specific
officer	may be added; however, the pr	eprinted titles on this form must not be altered.))		
7. CH	IIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SE	CRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CH	IIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
3. On	IILI TINANOIAL OTTIOLIV	ADDICESS	CITT	SIAIL	ZII GODE
Name	es and Complete Address	es of All Directors, Including Directors	Who are Also O	Officers (The cornoration mu	est have at least one
	r. Attach additional pages, if ne		Willo are Also o	The corporation me	ist have at least one
10. NA	ME	ADDRESS	CITY	STATE	ZIP CODE
11. NA	ME	ADDRESS	CITY	STATE	ZIP CODE
40 NA	ME	ADDDECC	OITV	CTATE	ZID CODE
12. NA	MVE	ADDRESS	CITY	STATE	ZIP CODE
13 NU	IMPER OF MACANCIES ON THE R				
		OARD OF DIRECTORS, IF ANY:			
		OARD OF DIRECTORS, IF ANY: the agent is an individual, the agent must reside	te in California and	Item 15 must be completed wi	th a California street
Agent	for Service of Process If	the agent is an individual, the agent must resid			
Agent addres	t for Service of Process If is, a P.O. Box address is not a	, , , , , , , , , , , , , , , , , , ,	, the agent must ha		
Agent addres certifica	t for Service of Process If is, a P.O. Box address is not a	the agent is an individual, the agent must residucceptable. If the agent is another corporation prations Code section 1505 and Item 15 must be	, the agent must ha		
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